

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

FEB 28 2011

BY FE

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EB 2011 FEB 28 PM 4:25

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Furutani Warren T.

1. Office, Agency, or Court

Agency Name

CA State Assembly

Division, Board, Department, District, if applicable

55th District

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2010.  
☐ Assuming Office: Date \_\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is \_\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- ☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule D - Income - Gifts - schedule attached  
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/20/11  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Furukami</u>
---

<p>► NAME OF SOURCE <u>Bill Wong LLC</u></p> <p>ADDRESS (Business Address Acceptable) <u>P. O. Box 188858, Sacto., CA 95818</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>03 / 09 / 10</u></td> <td><u>\$ 88.88</u></td> <td><u>Dinner</u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>03 / 09 / 10</u>	<u>\$ 88.88</u>	<u>Dinner</u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<p>► NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
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<p>► NAME OF SOURCE <u>CA New Car Dealers Assoc.</u></p> <p>ADDRESS (Business Address Acceptable) <u>1415 L St., #700, Sacto., CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>03 / 23 / 10</u></td> <td><u>\$ 106.57</u></td> <td><u>Food and Drink</u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>03 / 23 / 10</u>	<u>\$ 106.57</u>	<u>Food and Drink</u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<p>► NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
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<p>► NAME OF SOURCE <u>SunGard Higher Education</u></p> <p>ADDRESS (Business Address Acceptable) <u>8954 Rio San Diego Dr., Ste. 202, San Diego 92108</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>06 / 21 / 10</u></td> <td><u>\$ 69.13</u></td> <td><u>Dinner</u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>06 / 21 / 10</u>	<u>\$ 69.13</u>	<u>Dinner</u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<p>► NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> <tr> <td><u>    /    /    </u></td> <td><u>\$    </u></td> <td><u>    </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>	<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
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Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Furnish</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

<p>► NAME OF SOURCE <u>CA Issues Forum</u></p> <p>ADDRESS (Business Address Acceptable) <u>1717 I Street</u></p> <p>CITY AND STATE <u>Sacramento, CA 95811</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>12 / 13 / 10</u> - <u>12 / 14 / 10</u> AMT: \$ <u>1027.40</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Panel discussions</u></p>	<p>► NAME OF SOURCE <u>Community College League of CA</u></p> <p>ADDRESS (Business Address Acceptable) <u>2017 O Street</u></p> <p>CITY AND STATE <u>Sacramento, CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>04 / 25 / 10</u> - <u>04 / 27 / 10</u> AMT: \$ <u>1244.54</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Legislative Fact-Finding Delegation.</u> <u>Donor was an intermediary for a grant</u> <u>from the William &amp; Flora Hewlett Foundation</u></p>
<p>► NAME OF SOURCE <u>City of Los Angeles</u></p> <p>ADDRESS (Business Address Acceptable) <u>1400 K Street, Room 208</u></p> <p>CITY AND STATE <u>Sacramento, CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>01 / 01 / 10</u> - <u>12 / 31 / 10</u> AMT: \$ <u>420.00</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Parking and Shuttle Services for Leg. Bus.</u></p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: \_\_\_\_\_